

# Junior Reef Ranger Camp Health/Registration Form

**Name:** \_\_\_\_\_ **Sex:** M F **Age:** \_\_\_\_\_  
Last, First, Middle Initial

**Birth Date:** / /

---

The following information must be completed by the parent/legal guardian of the minor/camper. The intent of this information is to provide the camp personnel with the background to provide appropriate care. We will strive to protect the privacy of the minor/camper. Please provide us with all possible information so we can be aware of your needs.

**Check either yes or no. If yes, please give specific information. Use the back if more space is required.**

**\*\*\*Swimming ability \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced\*\*\***

Bleeding Disorders \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Epilepsy \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Diabetes or any problem with blood sugar control

\_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Frequent ear infections \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Asthma \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Allergy Injections \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Fainting \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Kidney Trouble \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Heart Trouble \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Frequent headaches \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Motion Sickness \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Frequent stomachaches \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Other \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

**List allergic reactions to the following, if applicable. If yes, please note reaction.**

Bee Stings \_\_\_\_\_ Don't know \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Medications \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Food or Drink \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Other \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

Any special allergy treatment needed? Please list

---

Any other information you would like us to know

---

**Activity Restrictions:** Please inform us of any restrictions that might limit your child's participation.

---

---

---

**Contact Information:**

**Mother/Guardian #1:** \_\_\_\_\_

**Home Phone:** (       ) \_\_\_\_\_

**Home Address:**

---

---

Street & Number, City, State, Zip Code

**Work Phone:** (       ) \_\_\_\_\_ **Cell Phone:** (       ) \_\_\_\_\_

**Father/Guardian #2:** \_\_\_\_\_

**Home Phone:** (       ) \_\_\_\_\_

**Home Address:**

---

---

Street & Number, City, State, Zip Code

**Work Phone:** (       ) \_\_\_\_\_ **Cell Phone:** (       ) \_\_\_\_\_

*If neither of the above is available in an emergency, please notify:*

**Alternate Contact #1:** \_\_\_\_\_

**Home Phone:** (       ) \_\_\_\_\_

**Work Phone:** (       ) \_\_\_\_\_ **Cell Phone:** (       ) \_\_\_\_\_

**Alternate Contact #2:** \_\_\_\_\_

**Home Phone:** (       ) \_\_\_\_\_

**Work Phone:** (       ) \_\_\_\_\_ **Cell Phone:** (       ) \_\_\_\_\_

**Name of Family Physician:** \_\_\_\_\_

**Phone:** (       ) \_\_\_\_\_

**Do you have family medical/hospital insurance? If yes, Policy Holder's**

**Name:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The National Park Service will conduct two sessions of the Junior Reef Ranger Program. All participants will be randomly selected from applications received. If your child is not selected for Session 1 he/she is still eligible to be selected for Session 2. Please circle which session(s) your child will be available to attend:

**Session 1: July 28<sup>th</sup> - August 1<sup>st</sup>**

**Session 2: August 4<sup>th</sup> - August 8<sup>th</sup>**

**I, \_\_\_\_\_, the guardian or parent of the child above, certify that the above information is correct to the best of my knowledge.**

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
**Date**